

RECEIVED

FEB 04 2002

09/921552

PTO/SB/05 (03-01)

Please type a plus sign (+) inside this box →



GRO

Approved for use through 10/31/2002. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

PSM-US

First Inventor

MARGIN, Philip John

Title

TAG & RECEIVER SYSTEMS

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17) *+ C.G. PAYMENT FORM*
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **64**]
(Preferred arrangement set forth below)
- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **14**]
5. Oath or Declaration [Total Pages **1**]
a. ☒ Newly executed (original or copy)
b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation☐ Divisional☐ Continuation-in-part (CIP)

of prior application No.: _____

Prior application information:

Examiner: _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

or

☒ Correspondence address below

Name

Philip John MARGIN

FEB 19 2002

Address

6, rue HAWWARINGS

Technology Center 2600

City

Horsmonden

State

Kent

Zip Code

TN12 8NG

Country

U.K.

Telephone

+44 1892 724194

Fax

Name (Print/Type)

Philip John MARGIN

Registration No. (Attorney/Agent)

Signature

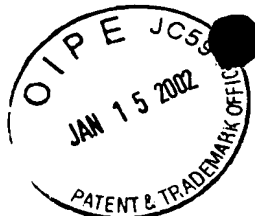
P. J. M. Clark

Date

1 Aug 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

COPY OF PAPERS
ORIGINALLY FILED



RECEIVED

FEB 04 2002

GROUP 3600

PTO-2038 (02-2000)

Approved for use through 01/31/2003. OMB 0651-0043

United States Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

United States Patent & Trademark Office

Credit Card Payment Form

Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type:	Visa	<u>MasterCard</u>	American Express	Discover
Credit Card Account #:	5434 8011 0453 9495			
Credit Card Expiration Date:	08/02			
Name as it Appears on Credit Card:	DR PHILIP J. P. MARKIN			
Payment Amount: \$(US Dollars):	1248 = 00			
Signature:	<u>P. J. Markin</u>		Date:	1 Aug 2001

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

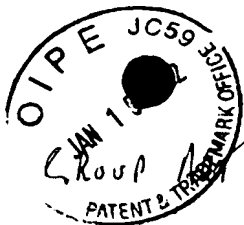
Credit Card Billing Address

Street Address 1:	<u># 6, THE MANWARINGS</u>		FEB 19 2002
Street Address 2:	<u>HORSMONDEN</u>		Technology Center 2600
City:	<u>TONTRIDGE</u>		
State:	<u>KENT</u>	Zip/Postal Code:	<u>TN12 8NQ</u>
Country:	<u>U.K.</u>		
Daytime Phone #:	<u>44 1892 724194</u>	Fax #:	<u> </u>

Request and Payment Information

Description of Request and Payment Information: <u>BASIC FILING FEE, CLAIMS FEES & IDS. FEE</u>			
<u>Patent Fee</u>	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No.	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. <u>P51 - US</u>		Identify or Describe Mark	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent & Trademark Office will not be liable in the event that the credit card number becomes public knowledge.



F.A.O. Group UNIT 36/62 (4 Pages inc. this page)

PTO/SB/97 (08-00)

Approved for use through 10/31/2002 OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the
United States Patent and Trademark Office

on 6 December 2001
Date

RECEIVED

FEB 19 2002

Technology Center 2600

P. S. Mark

Signature

MARSH, PHILIP JOHN

Typed or printed name of person signing Certificate

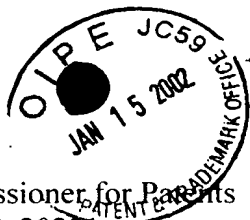
Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

RECEIVED

FEB 04 2002

GROUP 3600

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Assistant Commissioner for Patents
Washington, D.C. 20231

F.A.O. Group ARI UNIT 36/62

FAX 001 703 305 7687

6, The Manwarings
Horsmonden
Kent. TN12 8NQ
United Kingdom

6th December 2001

Dear Sir or Madam,

Re: US Patent application Number 09/921,552 filed 08/06/2001
Philip John MARTIN, Tag and Receiver Systems

I hereby unconditionally withdraw the above US Patent Application. Please ensure that the application does not publish. Please refund as much as possible of the \$1248 total fees paid on the application. I enclose a copy of the fee transmittal and credit card payment forms submitted with the application for your assistance.

Thank you.

Yours faithfully,

RECEIVED

FEB 04 2002

GROUP 3600

P. J. Martin

Dr Philip J. Martin

RECEIVED

FEB 19 2002

Technology Center 2600

Copy of papers #2